


ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS				FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
Please Read Instructions:					
1. NAME		2. PHONE NUMBER		3. DATE	
4. DELIVERY ADDRESS OR EMAIL		5. CITY		6. STATE 7. ZIP CODE	
8. CASE NUMBER		9. JUDGE		DATES OF PROCEEDINGS	
1:17-cv-116		Keeley		10. FROM 1/8/2020 11. TO 1/8/2020	
12. CASE NAME		LOCATION OF PROCEEDINGS			
Biogen International v. Mylan Pharmaceuticals		13. CITY telephone		14. STATE telephone	
15. ORDER FOR					
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY					
<input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
17. ORDER					
PORTIONS		DATE(S)	PORTION(S)	DATE(S)	
VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
OPENING STATEMENT (Plaintiff)					
OPENING STATEMENT (Defendant)					
CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
CLOSING ARGUMENT (Defendant)					
OPINION OF COURT					
JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)		
SENTENCING			telephonic status conf.		
BAIL HEARING			1/8/2020		
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Div	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	13	13.65
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).					
18. SIGNATURE					
19. DATE	1/15/2020				
TRANSCRIPT TO BE PREPARED BY					
Cindy Knecht PO Box 326 Wheeling, WV 26003					
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	13.65	
TRANSCRIPT RECEIVED			LESS DEPOSIT	NaN	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY